

23rd ANNUAL BEACH BASH

BENEFITING THE CYSTIC FIBROSIS FOUNDATION

SPONSORSHIP OPPORTUNITIES



FRIDAY, JANUARY 29, 2010 • 8 PM—12 AM
HOLIDAY INN - FOGELSVILLE



\$5000

"Title Wave" Sponsor (tax deductible portion \$4700)

Sponsor name will be listed as "Your Company" Beach Bash

Includes Sponsor name and logo on all marketing and promotional materials, banner or signage at the event, full page on back cover of event program, opportunity for display space to promote your product or service, and the opportunity to include logo giveaway in participant "goodie" bag. Plus, 20 tickets to the Bash!

\$3500

Presenting Sponsor (tax deductible portion \$3275)

Event to be named "Beach Bash presented by Name/Logo"

Includes sponsor name and logo on all marketing and promotional material, banner or signage at the event, full page in center spread of event program, opportunity for display space to promote your product or service, and the opportunity to include logo giveaway in participant "goodie" bag. Plus, 15 tickets to the Bash!

\$1500

Waikiki Sponsor (tax deductible portion \$1350)

Includes sponsor name and logo on all marketing and promotional material, signage at the event, full page in event program, opportunity for display space to promote your product or service, and the opportunity to include logo giveaway in participant "goodie" bag. Plus, 10 tickets to the Bash!

\$500

Malibu Sponsor (tax deductible portion \$425)

Includes company name and logo on sponsor listing at the event, half page space in event program, opportunity for display space to promote your product or service, and the opportunity to include logo giveaway in participant "goodie" bag. Plus, 5 tickets to the Bash!

\$250

Daytona Sponsor (tax deductible portion \$220)

Includes company name on sponsor listing at the event, quarter page in event program and the opportunity to include logo giveaway in participant "goodie" bag. Plus, 2 tickets to the Bash!

\$1000

"FRIEND OF THE FOUNDATION" (tax deductible portion \$850)

Admission for 10, program listing, reserved table, and 10 raffle tickets per guest

Total _____

Check Enclosed _____ Please Invoice Me _____
(please make check payable to Cystic Fibrosis Foundation)

Company Name: _____

Contact Person: _____

Address: _____

Phone and E-mail: _____

PLEASE RETURN TO: Cystic Fibrosis Foundation
1541 Alta Drive, Suite 204 Whitehall, PA 18052-5632
Phone: 610-820-0206 Fax: 610-820-9367
ne-pa@cff.org

